

11/13/06

## **MIHP Implementation Workgroup Meeting**

October 12, 2006

**Present:** Lynette Biery, Suzette Burkitt-Wesolek, Alethia Carr, Janine Chittenden, Ingrid Davis, Paulette Dobynes Dunbar, Sheila Embry, Brenda Fink, Eileen Guilford, Deb Marciniak, Vanessa Winborne.

**By phone:** Sharifa Aboumediene, Dianna Baker, Mark Bertler, Stacey Duncan-Jackson, Sheri Falvay, Judy Fitzgerald, Patricia Fralick, Laura Fuciarelli, Susan Gough, Bonnie (Ayers) Havlicek, Nancy Heyns, Gail Maurer, Sonja Rashad, Peggy Vandermeulen, Darlene VanOveren, Betty Yancey, Ann Young,

**Absent:** Soleil Campbell, Ed Kemp, Gary Kirk, Phyllis Meadows, Sue Moran, Rick Murdock, Mary Pat Randall, Jocelyn Ricard, Carolynn Rowland, Angie Smith, Tom Summerfelt, Betty Tableman, Sharon Wallace, Jeff Wieferich.

### **TASKS**

1. Implementation WG members who wish to volunteer to be on the MIHP Program Manual Review panel will contact Deb.
2. Lynette will send the white paper on domestic violence to Implementation WG members when it's finished.
3. Brenda will check with GERALYN Lasher about getting DCH to approve the new MIHP logo ASAP.

### **RENEWING MDCH'S COMMITMENT TO MIHP**

Brenda welcomed the group, noting that Sue Moran and Gary Kirk, the DCH bureau directors who are responsible for the MIHP, send their regrets. Sue has been called out of state and Gary is with his wife, who is about deliver twins. On their behalf, Brenda said that although we did not hold meetings over the summer, our work has continued, and DCH is very much committed to the redesign process. This will be an abbreviated meeting to provide updates; we have no new products to review today.

### **CHANGES IN STAFF SUPPORT**

1. Deb Marciniak is now functioning as half-time Project Manager to help keep redesign activities on track. She'll update and monitor the Work Plan, issue progress updates, assist with development and coordination of products, send internal communications, etc.
2. Gail Maurer has taken Jackie Prokop's job as a Medicaid policy specialist, as Jackie has taken another position with the state Medicaid office. Gail said she worked as a neonatal intensive care nurse for 20 years in Lansing, clearly understands the need for the MIHP, and is very excited to be involved with this initiative.
3. Paulette said that normally there are two consultants in the Division of Family and Community Health doing MIHP TA and monitoring. One of these positions has been vacant for over two years, but finally will be filled in November by Jean Egan, who has worked in Oakland County with MIHP and WIC. Paulette and Brenda

commended Ingrid Davis, who has worked as the sole MIHP consultant all this time, for her fortitude, patience and skill in shouldering the extra burden.

4. Paulette said that DCH is working on an MIHP Program Manual, which will document the MIHP process and procedures in greater detail than what is specified in Medicaid policy. A manual outline/table of contents has been drafted by Mary Ann Gregor, MPHI, and Renee Canady, MSU. Efforts are underway to contract with Renee and Loretta Neville, MPHI, to continue work on the manual. Loretta will do other MIHP tasks as well. She worked on the WIC-MSS/ISS Kendal study a few years back. Brenda would like a panel to review and comment on sections of the manual as they are drafted. This review process will be conducted electronically and with conference calls. Persons who want to be on the panel should contact Deb.

## **MIHP SCREENER UPDATES**

Lynette did a PowerPoint presentation titled, *Michigan Families Medicaid Project Year 3 Update*. The full Year 3 Report will be submitted to DCH at the end of the month and becomes public information 90 days later. Let Lynette know if you want to see it. There were 4 key activities in Year 3:

### **1. Continued cohort analysis**

MFMP now has an N of 200,000 for risk clustering.

### **2. Continued prenatal tool data collection**

Have entered screening tool data on 850 women. Recommendations will be included in Year 3 Report. @65% don't want to be pregnant and @25% need depression intervention. Almost none admit to domestic violence (DV). Pat said that they won't tell us at the outset no matter how we frame the questions. Peggy said a woman may be more forthcoming at subsequent screenings, but Lynette said if DV is her only risk factor and she doesn't state it upfront, she would not be screened repeatedly. There has been some fascinating work done on residential neighborhood mapping, linking the rate of police calls to the preterm labor rate. Lynette will send the white paper on DV to Implementation WG members when it's finished. Pat said that the domestic violence people in her area say it's important to keep bringing the topic up because DV escalates and we need to keep giving women openings to discuss it. Brenda noted we have yet to decide how often screening will be repeated.

### **3. Piloting of prenatal screener integrated with WIC**

The pilot sites are very positive about the integrated tool – they asked for permission to continue to use it after the pilot was over. It needs to be revised to reduce redundancy of some questions.

### **4. Piloting of newly developed postnatal screening tool**

The pilot sites found that the postnatal screener takes a long time to administer (got it down to an hour) because there are so many questions, so there's a recommendation to break it down and do it in steps. In the early stages after the birth, the parenting

issues (basic needs, depression and smoking) are more significant than the infant issues. Not picking up on DV here either.

One huge issue DCH needs to take a stand on is paying for the Ages & Stages Questionnaire (looks at infant development beginning at 4 months across 5 domains) and the Ages & Stages Questionnaire: Social-Emotional, which are part of the prenatal screener. It will cost about \$400 per site to purchase both tools and site licenses, although the publisher will give us a state rate. Some MIHP providers already use the ASQ. Early On has trained on using it to identify children who should be referred for Early On evaluation.

Vanessa said some physicians say that the ASQ is not sensitive enough, but that Sr. Barbara has adapted it to increase sensitivity. Lynette said that the ASQ has been validated to have good sensitivity and specificity. It's not perfect, but there's not much else out there in the way of standardized, valid and reliable tools for screening infant development. MIHP providers can't be expected to do more comprehensive evaluations such as the Infant-Toddler Developmental Assessment (IDA). Some providers say they administer the ASQ rather than have the parent complete it, but Lynette said the ASQ is to be completed by the parent and when you start deviating from the researcher's intentions, you impact the validity. This needs to be thought through very carefully. It would probably be 6 months before we do everything we need to do to move this through the policy process.

There are still problems with the electronic version of the integrated screener. It's been a cumbersome, exasperating process.

MFMP funding has been reduced for Year 4 (FY 07), so we will see less of Lynette. She and the other MFMP staff will continue with the cohort analysis and with prenatal tool data collection.

## **MIHP PROGRESS UPDATES AT A GLANCE**

Paulette reviewed a *MIHP Progress Updates at a Glance*, a new form for tracking progress on key MIHP tasks. It lists tasks under three headings: Intervention Domain, Administration, and Coordination. Right now, the priority is on completing the interventions across all of the domains, so that we can cost them out to develop the case rate and move forward with the data system. DCH has assigned persons to be responsible for developing the interventions for each domain. Updates include the following:

- The most work has been done on the Tobacco Domain. We have consulted with the DCH Tobacco Section, and there have been some changes made in the smoking cessation recommendations.
- The Depression WG will submit its recommendations soon.

- Several physicians are participating on the Medical Home WG. They're suggesting how they would like to receive communications from the MIHP providers.
- The Education WG decided that MIHP needed a logo to promote a statewide identity and the Steering Committee concurred. The IHCS contracted with a graphic artist who produced a design that everyone likes very much. Brenda will check with Geralyn Lasher about getting DCH to approve its use ASAP. Mark said there would need to be guidelines for using the logo, that is should be available on the web, and that it takes a long time to get a logo approved through formal channels. It was suggested that the logo would make a beautiful pin for MIHP providers and Mark said he could recommend a pin vendor. The logo also would be great for T-shirts and other promotional items. The WG is waiting for recommendations for materials for each domain to be included in the educational packet that will go to all MIHP clients.

### **FUTURE IMPLEMENTATION WG MEETINGS**

From this point forward, the Implementation WG will meet quarterly in January, April, July and October. Raquel Montalvo will send out the new dates. The previously scheduled December 06 meeting has been canceled.